ALBERTA
DRUG
STRATEGY

Co-ordinated Alberta Response to Methamphetamine

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AADAC Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

Co-ordinated Alberta Response to Methamphetamine

Highlights

The use and production of methamphetamine in Alberta is a problem with serious health, social and economic consequences. Considerable attention and public concern has been focused on this issue and the negative effects of methamphetamine on individuals, families and communities.

Consensus from the 2004 Western Canadian Summit on Methamphetamine and the 2004 Alberta Workshop on Methamphetamine serve as an important reminder that methamphetamine cannot be considered in isolation, and must be dealt with in the context of other substance use and abuse.

The broad framework of the Alberta Drug Strategy encompasses a **Co-ordinated Alberta Response to Methamphetamine.** Government ministries and departments, law enforcement agencies, municipalities, professional organizations and community groups have acted to address the use and production of methamphetamine. Their actions and planned actions include

- strong support by AADAC and other ministries for community drug coalitions across the province who are developing local programs and initiatives to address issues related to methamphetamine and other drugs
- production of extensive educational materials specific to methamphetamine, including print and web-based resources, available through AADAC and suited to the needs of parents, teachers, clinicians and the general public
- prevention initiatives that include AADAC's comprehensive and curriculum-aligned school strategy offering accurate and credible information on methamphetamine, and a drug awareness media campaign launched in fall 2005
- the November 2005 opening of 24 new youth detoxification and residential treatment beds by AADAC in a program that incorporates specific protocols for methamphetamine
- implementation of the Protection of Children Abusing Drugs Act (July 2006), which will provide mandatory assessment and detoxification of youth (20 beds) and doubles the number of available voluntary residential beds
- strengthened law enforcement through additional resources, better co-ordination and successful efforts to encourage amendments to federal legislation to increase penalties for methamphetamine production and trafficking, and further restrict access to precursor chemicals

Co-ordinated Alberta Response to Methamphetamine

Like other provinces in Western Canada and many jurisdictions in the United States, Alberta has witnessed a rapid increase in the use and production of methamphetamine. Considerable attention and public concern has been focused on this drug and its effect on individuals, families and communities.

Cost and availability are the primary factors associated with increased use and trafficking. Methamphetamine is relatively inexpensive as compared with cocaine or heroin, and is relatively simple to manufacture with numerous "recipes" available on the Internet. Other factors that may contribute to increased use include the immediate and long-lasting high, increased energy and improved performance.

Here's what we know:

- Methamphetamine is not a new drug. It was first synthesized in 1919. Over time, its popularity as a recreational drug of abuse has surged and waned.
- Methamphetamine is a synthetic stimulant drug—a derivative of amphetamine. Its effects are similar to those of cocaine, but last longer (ranging from two to 16 hours depending on purity and how it is used).
- Methamphetamine is sold on the street as speed or crystal, crank, jib or ice. It is available as a powder, and can be taken orally, smoked, snorted or injected. "Crystal meth" is a smokable form of methamphetamine.
- The use and abuse of methamphetamine varies by region in Alberta and population sub-group (for example, use is higher among street youth than among students). It is often sold as ecstasy and is frequently used in conjunction with other drugs such as alcohol and marijuana.
- Methamphetamine is not legally available in Canada. It is produced in clandestine laboratories using over-the-counter medications, household products and agricultural chemicals.
- Methamphetamine laboratories are dangerous. Many of the chemicals used to produce the drug are toxic and flammable, and damage to the environment from spills and vapours is not uncommon. Cleaning up after a methamphetamine laboratory is abandoned or dismantled can be very expensive.

Alberta Health and Wellness, the Alberta Alcohol and Drug Abuse Commission (AADAC), Alberta Solicitor General and Public Security, Alberta Children's Services and other government ministries and departments have acted specifically to address the use and production of methamphetamine, and have plans for further action. Work is also underway by the RCMP, Alberta police services, municipalities, professional organizations, community agencies and local drug coalitions.

Taken together, these efforts support the **five strategic priorities** identified in the Alberta Drug Strategy: (1) leadership and accountability, (2) partnerships and community capacity, (3) information and research, (4) continuum of services, and (5) legislation and regulation. Furthermore, they demonstrate the success of a collective and sustained response to a problem that has serious health, social and economic consequences for all Albertans.

ALBERTA DRUG STRATEGY
Strategic Priorities 2005-2010

1. Leadership and Accountability

Albertans deserve effective leadership in addressing alcohol and other drug issues. Strong leadership is needed to provide strategic direction, develop healthy public policy and co-ordinate multi-sector actions.

CO-ORDINATED ALBERTA RESPONSE TO METHAMPHETAMINE

- The Cross-Ministry Working Group on Methamphetamine was established in July 2003 and is now an ongoing part of the Alberta Drug Strategy. Members include Solicitor General and Public Security (co-chair), AADAC (co-chair), Justice and Attorney General, Education, Environment, Aboriginal Affairs and Northern Development, Agriculture, Food and Rural Development, Children's Services, Municipal Affairs, RCMP, and Edmonton Police Service. The working group has provided recommendations in five broad areas:
  (1) research and information on methamphetamine, (2) increased awareness, prevention and treatment, (3) protocols and guidelines for cleanup and disposal for clandestine laboratories, with provisions for cost-sharing, (4) drug legislation and enforcement, and (5) co-ordination of roles and responsibilities.
- The provincial Crystal Methamphetamine Task Force was established by Premier Ralph Klein in October 2005. The task force will provide leadership and make recommendations to government in developing provincewide strategies that address supply and demand for methamphetamine and other drugs.
- The Provincial Cross-Ministry Advisory Committee on the Alberta Drug Strategy, chaired by AADAC, provides a leadership forum for implementation of recommendations arising from the Premier's Crystal Methamphetamine Task Force to ensure communication, accountability and reporting.
- The Alberta Workshop on Methamphetamine: An Environmental Scan (Red Deer, September 2004) brought together more than 300 professionals and community members to discuss methamphetamine and develop recommendations for a co-ordinated provincial response.
- Health, Education and Enforcement in Partnership (HEP), a proven approach to creating a sustainable and multidisciplinary network, has been implemented in Alberta. The goal of HEP is to reduce the harm associated with substance use. AADAC co-ordinates HEP activities in Alberta.

ALBERTA DRUG STRATEGY Strategic Priorities 2005-2010	CO-ORDINATED ALBERTA RESPONSE TO METHAMPHETAMINE
2. Partnerships and Community Capacity All Albertans share responsibility for and have opportunities to participate in reducing the harm associated with alcohol and other drug use. From government and industry, universities and police agencies, to communities and families, Albertans must work together to find solutions.	• Support is being provided to 51 community drug coalitions in Alberta that are developing local strategies to deal with substance use. These include awareness campaigns, targeted prevention and co-ordinated law enforcement. Many local coalitions were started to address methamphetamine but then moved beyond focusing on one particular drug. • AADAC hosts an annual forum for community drug coalitions that provides opportunities to share ideas, and allows community members interested in developing a coalition to learn from the experience of others. • The first major urban drug strategy in Alberta, the Edmonton Community Drug Strategy, was developed in the spring of 2004. The strategy targets youth under 25 with an emphasis on reducing harm from alcohol and illicit drugs, including methamphetamine. • In January 2005, the Alberta First Nations Crystal Methamphetamine Strategy Committee was established to develop an action plan for Alberta First Nations. Members include the First Nations of Treaties 6, 7 and 8; Health Canada, First Nations and Inuit Health Branch; the RCMP; AADAC, and Aboriginal Affairs and Northern Development. The Cross-Ministry Working Group on Methamphetamine provided funding support to a series of four Aboriginal Crystal Methamphetamine Conferences for First Nations people (March 20, 21, 22 and 24, 2006). • AADAC, the Alberta College of Pharmacists, the Alberta Mental Health Board and Public Health Works are co-hosting Stronger Together: What You Need to Know About Crystal Meth, a conference for physicians, nurses and other primary health care providers (May 2006). The Cross-Ministry Working Group on Methamphetamine has also provided funding support for this conference. • The University of Alberta, Centre for Health Promotion Studies co-ordinates the Edmonton site for the Canadian Community Epidemiology Network on Drug Use (CCENDU). CCENDU is a collaborative and multidisciplinary network that facilitates the collection and dissemination of qualitative and quantitative information on drug use at the local, provincial and national level. The Edmonton CCENDU site actively supports municipal and provincial drug strategies, and has recently initiated a joint project with the Edmonton Police Service to develop a system for monitoring alcohol and other drug use (including methamphetamine use) among arrestees. AADAC is represented on the Edmonton CCENDU Site Committee and is providing liaison for Calgary until a new co-ordinator can be recruited. • AADAC began providing administrative funding to community drug coalitions on April 1, 2006.

ALBERTA DRUG STRATEGY Strategic Priorities 2005-2010	CO-ORDINATED ALBERTA RESPONSE TO METHAMPHETAMINE
3. Information and Research Albertans require knowledge to make informed decisions and deal effectively with problems related to alcohol and other drug use. An emphasis on information and research is a commitment to expand the knowledge base and develop workforce capacity to deliver effective programs and services.	• AADAC has extensive print and web-based resources that provide information about methamphetamine and other drugs. Resources are targeted to parents, teachers, clinicians and the general public. They include Understanding and Responding to Crystal Meth, Guidelines for Treating Users of Methamphetamine, and Crystal Meth and Youth (see www.aadac.com). • Replication of The Alberta Youth Experience Survey (fall 2005) will provide information on prevalence and patterns of drug use among students. The previous survey of Alberta students, completed in 2002, showed that 5.3% (about 21,000 students) had used "club drugs" (including ecstasy and methamphetamine). TAYES 2005 results will be released in the summer of 2006. • AADAC is working with the Canadian Centre on Substance Abuse and Health Canada to conduct and disseminate research on substance use (e.g., national prevalence study, social and economic cost study). Results from the Canadian Addiction Survey (November 2004) showed that less than 0.4% or about 10,300 Albertans (15 and older) had used speed (amphetamine) in the previous year. • The City of Edmonton Safer Cities Advisory Board (now Safedmonton) completed a stakeholder survey in February 2004. The board identified several community strategies in place to deal with methamphetamine, and noted that most agencies were addressing methamphetamine in the larger context of drug prevention and treatment. • Fact sheets are being developed updated about methamphetamine to provide accurate and consistent messages. These will be distributed to Alberta government ministries in the spring of 2006. • AADAC led a workshop on intervention and treatment approaches for methamphetamine at the clinical conference on substance abuse (Moving Forward) hosted by the Government of Saskatchewan (February 2006). • The Working Group on Methamphetamine is setting up a speakers' bureau and has identified potential expert presenters for various topics, such as methamphetamine and the environment, clandestine laboratories, and prevention and education in schools.

ALBERTA DRUG STRATEGY
Strategic Priorities 2005-2010

4. **Continuum of Services**
Albertans require access to a continuum of prevention, treatment and harm reduction services that address critical stages in development, important life transitions and options for dealing with current problems. Maintaining a comprehensive continuum of services in Alberta is a wise investment in the future. Preventing and treating alcohol and other drug problems benefits individuals and their families, the province's health, education and social service sectors, and the business community.

CO-ORDINATED ALBERTA RESPONSE TO METHAMPHETAMINE

- AADAC and AADAC Funded Services are now located in 50 Alberta communities, with new offices to be opened in Grande Cache, Taber and Bonnyville in 2006. Services include outpatient counselling, crisis services, detoxification, short- and long-term residential programs, and overnight shelter (total of 1,112 treatment beds in 2005/2006).
- AADAC works in partnership with Alberta's nine health regions and with family care physicians to deliver addiction services and provide professional training.
- AADAC operates a provincewide, toll-free 24-hour Help Line for drug information and treatment referral.
- Alberta has a comprehensive school strategy in place that is curriculum-aligned and offers accurate and credible information on methamphetamine. As part of this initiative, in-school addictions counsellors are available to assist students experiencing difficulties with their own or someone else's drug use. (AADAC and Alberta Education)
- In support of prevention and education, AADAC produced two television ads addressing crystal meth and other drug use. The ads aired in October 2005 and in April 2006.
- AADAC is working with Alberta universities to have medical residents and pharmacy students visit schools to talk to students about the dangers associated with the use of methamphetamine.
- AADAC offers training courses for staff and allied professionals (health, social services, law enforcement) that improve understanding of substance use and related problems, and increase skills in providing services.
- AADAC has a provincewide prevention strategy in place that focuses on family, school and community, and targets children (aged 0 to 11), youth (aged 5 to 17) and young adults (aged 16 to 24).
- A provincial protocol and guidelines have been developed to ensure first responders are informed and trained to deal with the hazards and toxic exposure encountered in methamphetamine laboratories, and to assist in the safe and appropriate cleanup of laboratories and dump sites. (Alberta Solicitor General and Public Security, and Alberta Municipal Affairs, Fire Commissioner's Office)
- A Methamphetamine Clandestine Lab First Responders Course was developed in 2004. (Solicitor General and Public Security, Municipal Affairs, and Alberta police forces) and the Fire Commissioner's Office has produced a training video for first responders.
- AADAC youth detoxification and residential treatment programs incorporating specific protocols for methamphetamine (total of 24 treatment beds) opened in Edmonton and Calgary (November 2005). Youth may remain in treatment for up to one year.
- AADAC youth detoxification and residential treatment programs will be expanded to northern and southern Alberta in 2006, and will see a doubling to 48 of the number of treatment beds for these programs.
- AADAC has partnered with the Calgary Health Region, Solicitor General and Public Security, Enviros Wilderness School Association and Alberta Education to implement the Excel Discovery program for female young offenders with addiction and mental health problems. This is a parallel program to the Bridges program in Edmonton, which provides treatment services for male young offenders with addiction and mental health problems.
- *Building Capacity, A Framework for Serving Albertans Affected by Addiction and Mental Health Issues* is guiding the introduction of co-ordinated access to treatment services and comprehensive case management for people with concurrent disorders. (AADAC and Regional Health Authorities)
- With AADAC funding support, the Alberta Centre for Child, Family & Community Research is conducting a best practices review regarding crystal meth treatment.

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5. Legislation and Regulation

Albertans will benefit from a legal and regulatory response to alcohol and other drugs that reduces access to substances by minors, reduces drug-related crime and violence, and reduces mortality and morbidity.

CO-ORDINATED ALBERTA RESPONSE TO METHAMPHETAMINE

- The Drug-Endangered Children Act (March 2006) is intended to protect children from serious drug activity. It gives police the authority to charge parents who expose their children (under 18 years old) to illegal drug manufacturing or drug trafficking activities. This includes exposure to clandestine methamphetamine labs as well as marijuana "grow ops."
- The Protection of Children Abusing Drugs Act comes into force on July 1, 2006 and gives parents the authority to place their children (under age 18) into a mandatory drug detoxification and assessment program.
- The National Association of Pharmacy Regulatory Authorities issued new rules in an effort to limit access to non-prescription products used to make methamphetamine (January 2006). Corner stores and grocery outlets across Canada that are without pharmacies are required to stop selling many cold and allergy medications that contain ingredients used to make methamphetamine.
- AADAC was part of the federal delegation to the 49th session of the United Nations Commission on Narcotic Drugs, advocating renewal of UN conventions on world drug supply and demand reduction (March 2006).
- In December 2005 the Alberta Government reclassified pseudoephedrine as a Schedule 2 drug. This change requires that single-entity pseudoephedrine products be placed behind the dispensing counter, and restricts access to one of the core ingredients used to produce methamphetamine.
- Following the Meeting of Western Ministers of Health, Justice and Public Security (June 2005), Alberta joined other western provinces in calling on the federal government to implement stricter controls on precursor chemicals used in the manufacture of methamphetamine and increase the penalties for people who produce and traffic this drug. The federal government has since announced changes to legislation, moving methamphetamine under Schedule 1 of the Controlled Drugs and Substances Act; increasing maximum penalties for possession, trafficking, importation, exportation and production; and amending precursor regulations to include four additional substances used to manufacture methamphetamine.
- Alberta Justice has completed a review of proposed legislative reforms to reduce the availability and misuse of methamphetamine and other harmful drugs.
- The Alberta Government and the Alberta College of Pharmacists have worked together to voluntarily restrict access to products containing ephedrine and pseudoephedrine. In July 2004, the college announced that pharmacies in Alberta would place products containing ephedrine and pseudoephedrine behind the dispensing counter, with single-transaction sales of these products limited to 400 mg and 3600 mg respectively.
- An Edmonton Drug Treatment and Restoration Court, funded by Justice Canada, opened in December 2005. The court offers an alternative to incarceration for non-violent offenders, who participate in a specialized addiction treatment program provided through AADAC.
- Alberta Justice and Alberta Solicitor General and Public Security participate on the Federal/Provincial/Territorial Working Group on Illicit Drugs. Alberta Solicitor General and Public Security also participates on the National Co-ordinating Committee on Organized Crime. These two groups are developing a comprehensive enforcement strategy that deals with synthetic drug laboratories and marijuana grow operations.
- RCMP K Division's Methamphetamine Strategy (2004) is focusing on (1) awareness and education about safety issues for the public, police and first responders; (2) community mobilization; (3) a multidisciplinary protocol to help drug-endangered children; and (4) research to monitor trends and evaluate programs.
- Training for the Drug-Endangered Children (DEC) protocol commenced in June 2005 and pilot testing of this model is in progress with potential for provincewide implementation. The DEC protocol is a collaborative investigative intervention that is initiated where children are found exposed to drug activity. The DEC concept has been incorporated into the Child at Risk Response Team (CARRT) in both Edmonton and Calgary.
- The Working Group on Methamphetamine continues to pursue an examination of the costs associated with dismantling methamphetamine laboratories as well as cost-sharing agreements associated with this activity. (Alberta Solicitor General and Public Safety, Alberta Environment)

Alberta Drug Strategy

While the use of methamphetamine continues to be a concern at both the local and provincial levels, it is important to consider this drug within the context of other substance use, including alcohol use. Therefore, the broad framework of the Alberta Drug Strategy encompasses Alberta's co-ordinated response to methamphetamine.[1]

The Alberta Drug Strategy provides a comprehensive and community-based response to alcohol and other drug issues in the province. The strategy builds on the work already underway through government and cross-ministry activities, and industry and stakeholder actions. The key elements of the Alberta Drug Strategy are prevention, treatment, harm reduction, policing and enforcement.

It is well recognized that no single group or organization can tackle all of the issues or solve all of the problems related to alcohol and other drug use. Having a comprehensive provincial strategy enables a sustained and co-ordinated effort to reduce the demand for drugs, reduce the supply of drugs and reduce the harm resulting from substance use.

A comprehensive provincial strategy also allows government and non-government agencies and organizations to quickly marshal resources in response to emerging drug issues, such as the use and production of methamphetamine.

As shown in this document, ongoing and planned actions to reduce the harm resulting from the use and production of methamphetamine are extensive. They support the strategic priorities identified in the Alberta Drug Strategy and reflect the collaborative efforts of government and non-government agencies.

[1] Two other western provinces have developed strategies for crystal meth that are integrated into broader frameworks for addressing addictions. The crystal meth strategy developed for British Columbia (August 2004) is meant to complement the provincial framework on substance use and addictions (*Every Door is the Right Door*). The B.C. framework was developed to ensure a comprehensive, sustainable and collaborative approach within existing resources. The *Strategic Plan for Crystal Meth and Other Amphetamines in Saskatchewan* (2004) highlights existing and planned actions that are part of a comprehensive alcohol and drug strategy being developed by Saskatchewan Health.

AADAC

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